

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90007 049 \*\*\*150.00

**DOCUMENT # P94000058542**

1. Entity Name

**BARRY D. GRAVES, P.A.**

Principal Place of Business

**234 S MAIN ST  
GAINESVILLE FL 32601**

Mailing Address

**234 S MAIN ST  
GAINESVILLE FL 32601**

2. Principal Place of Business

**1511 NW 6th Street**

Suite, Apt. #, etc.

3. Mailing Address

**1511 NW 6th Street**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**Gainesville, FL**

Zip

**32601**

Country

City &amp; State

**Gainesville, FL**

Zip

**32601**

Country

4. FEI Number

**59-3260646**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GRAVES, BARRY D****234 S MAIN ST****GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1511 NW 6th Street**

City

**Gainesville****FL**

Zip Code

**32601**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

**Barry D. Graves****January 8, 2002**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **GRAVES, BARRY D.**  
CITY-ST-ZIP **234 S MAIN ST  
GAINESVILLE FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1511 NW 6th Street**  
CITY-ST-ZIP **Gainesville, FL 32601**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED Barry D Graves****1-8-02****(352) 371-7229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0062012 AV

(1/01) CR2E034